APPENDIX 5
PRIOR AUTHORIZATION REQUEST FORM (PA/RF) SAMPLE
NONEMERGENCY TRANSPORTATION

MAIL TO: E.D.S. FEDERAL CORPORATION PRIOR AUTHORIZATION UNIT 6406 BRIDGE ROAD SUITE 88 MADISON, WI 53784-0088	PRIOR AUTHORIZATION REQUEST FORM ┌────────┐ │ PA/RF │ (DO NOT WRITE IN THIS SPACE) └────────┘ ICN # A.T. # P.A. # 1234567	1 PROCESSING TYPE 999

2 RECIPIENT'S MEDICAL ASSISTANCE ID NUMBER 1234567890	4 RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE) 609 Willow Anytown, WI 55555
3 RECIPIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) Recipient Ima A.	
5 DATE OF BIRTH MM/DD/YY 6 SEX M ☐ F ☒	8 BILLING PROVIDER TELEPHONE NUMBER (XXX) XXX-XXXX

7 BILLING PROVIDER NAME, ADDRESS, ZIP CODE: Ambulance Provider 1 W. Williams Anytown, WI 55555	9 BILLING PROVIDER NO. 12345678
	10 DX: PRIMARY V920
	11 DX: SECONDARY
	12 START DATE OF SOI: 13 FIRST DATE RX:

14 PROCEDURE CODE	15 MOD	16 POS	17 TOS	18 DESCRIPTION OF SERVICE	19 QR	20 CHARGES
A0150		8	9	Non-emergency Base Rate	1	XX.XX
W9072		8	9	Non-emergency Mileage	40	XX.XX

22 An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the	TOTAL CHARGE	21 XXX.XX

recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after authorization expiration date. Reimbursement will be in accordance with Wisconsin Medical Assistance Program payment methodology and Policy. If the recipient is enrolled in a Medical Assistance HMO at the time a prior authorized service is provided, WMAP reimbursement will be allowed only if the service is not covered by the HMO.

23 MM/DD/YY
DATE

24 _S. M. Provider_
REQUESTING PROVIDER SIGNATURE

(DO NOT WRITE IN THIS SPACE)

AUTHORIZATION:

☐
APPROVED

┌──────────┐   ┌──────────┐
│   │   │   │
└──────────┘   └──────────┘
GRANT DATE   EXPIRATION DATE

PROCEDURE(S) AUTHORIZED   QUANTITY AUTHORIZED

☐
MODIFIED   —   REASON:

☐
DENIED   —   REASON:

☐
RETURN   —   REASON:

_____   _____
DATE   CONSULTANT/ANALYST SIGNATURE